Date Received:

## STATE OF IDAHO BUREAU OF LABORATORIES 2220 OLD PENITENTIARY ROAD

BOISE, IDAHO 83712-8299 (208) 334-2235

## MOLECULAR STRAIN TYPING FOR \_

			AND THE PROPERTY OF THE PARTY O	(ORGANISM IDENTIFICATION)	
Name	LACT	FIDCT	ID#_	DOB// M F	
	LAST			Date of Collection//	
				<del></del>	
Name	LAST	TYP (III	ID#_	DOB// M F	
	LAST				
		Source		Date of Collection//	
Name			ID#	DOB// M F	
	LAST	FIRST			
		Source		Date of Collection//	
Name			ID#	DOB// M F	
	LAST	FIRST			
		Source		Date of Collection//	
Name			ID#_	DOB// M F	
	LAST				
		Source		Date of Collection//	
Name			ID#_	DOB// M F	
	LAST				
		Source		Date of Collection//	
Suspected S	Source of Infec	tion		_Nosocomial? □ Yes □No □Unknown	
*** <i>PLEASI</i>	E ATTACH C	OPIES OF ANT	IMICROB	IAL SUSCEPTIBILITIES FOR ISOLATES	
Send repor	t to:		S	end copy to:	
Facility			Facility		
Attention			Attention		
Address			Address		
City/State/Zip			City/State/Zip		
Phone			Phone		

Idaho Bureau of Laboratories rev. 9/2005